

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

70/717, 381

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL NO.							TOTAL NO.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					